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RADIATION AND THE LYRIC 'I': MEDICAL DISCOURSE AND ATOMIC BOMB POETRY (HIBAKU SHI) FROM HIROSHIMA AND NAGASAKI, 1945–1990

Futakuchi Jirō
The University of Fukuchiyama
Japan

Abstract

This article provides a systematic review of atomic bomb poetry (hibaku shi) produced by survivors of the Hiroshima and Nagasaki bombings between 1945 and 1990, focusing on the intersection of medical discourse and the lyric "I." Drawing on canonical works by Sankichi Tōge, Sadako Kurihara, Shinoe Shōda, and others, this review examines how hibakusha poets mobilized clinical terminology, bodily disintegration, and radiation pathology to create a testimonial poetics that challenged both traditional Japanese lyric conventions and the depersonalizing logic of Allied medical and military records. The analysis demonstrates that the lyric "I" in hibaku shi operates not as a stable locus of aesthetic introspection but as a fractured, abjected, and often unrecognizable subject — a body marked by radiation sickness, keloid scarring, and social stigma. By embedding medical discourse within poetic form, hibakusha poets transformed clinical observation into ethical witness, contesting the epistemic violence of nuclear warfare and reclaiming the dignity of the irradiated body. The review synthesizes Anglophone and Japanese-language critical studies published before 2020 and concludes with directions for future research at the nexus of medical humanities, trauma studies, and nuclear criticism.

Keywords: hibaku shi; atomic bomb literature; medical humanities; lyric subject; radiation sickness; trauma; hibakusha

1. Introduction

On 6 August 1945, the United States Army Air Forces detonated a uranium-235 atomic bomb over Hiroshima, killing approximately 140,000 people by the end of that year. Three days later, a plutonium bomb destroyed Nagasaki, claiming another 70,000 lives. In the decades that followed, survivors — known ashibakusha (被爆者, "explosion-affected persons") — did not merely endure the immediate blast and firestorm. They entered a protracted medical aftermath defined by radiation sickness, keloid scarring, leukaemia, social discrimination, and a pervasive fear of latent genetic damage. Between 1945 and 1990, a distinct literary genre emerged from this medical-social catastrophe:hibaku shi (被爆詩), or atomic-bomb poetry. Written predominantly by survivors, these poems embedded clinical descriptions of burned flesh, purulent wounds, and systemic collapse within the intimate register of the lyric "I."

The present review article offers the first comprehensive Anglophone survey ofhibaku shi that systematically interrogates the convergence of medical discourse and the lyric subject. While previous scholarship — most notably John Whittier Treat's foundational studyWriting Ground Zero (1995) — has established the broad contours of Japanese atomic-bomb literature, no synthetic review has focused specifically on howhibakusha poets wove medical observation into the fabric of lyric testimony. This gap is significant because the medicalisation of the survivor's body was not a neutral clinical process. Under the Allied Occupation (1945–1952), the United States military censored detailed accounts of radiation effects while simultaneously compiling epidemiological data onhibakusha for its own research purposes. Poetry became, for many survivors, the only available medium through which to reclaim the irradiated body from the objectifying gaze of military-medical archives.

This review is organised as follows. Section 2 traces the emergence ofhibaku shi and its struggle against censorship. Section 3 analyses how medical discourse — symptoms of radiation sickness, bodily disintegration, keloid formation — entered the poetic lexicon ofhibakusha. Section 4 examines the fractured lyric "I" as a site of abjection, testimony, and ethical witness. Section 5 considers how the medical and the lyrical converged to challenge the authority of official records, drawing on Kristevan trauma theory and post-structuralist critiques of representation. The conclusion synthesises major findings and outlines directions for future research in the medical humanities and nuclear criticism. All citations in this review refer exclusively to scholarship published before 2020.

2. The Emergence of Hibaku Shi: Censorship, Medical Silence, and Poetic Testimony

2.1 The Occupation and the Proscription of Medical Truth

Immediately after Japan's surrender in September 1945, the Supreme Commander for the Allied Powers (GHQ) imposed a strict Press Code that forbade any publication "critical of the Allied Powers" or likely to "disturb public tranquillity." Medical reports on radiation sickness were either suppressed or channelled into confidential military files. As Cassandra Atherton notes, "US censorship of public discussion of the bombings during the Allied Occupation of Japan ensured that the Japanese public knew little about the human consequences" of the attacks. In this context, poetry — often self-published or circulated in small, clandestine editions — became a crucial vehicle for transmitting medical knowledge that could not appear in newspapers or medical journals.

Shinoe Shōda's tanka collectionSange (1947) epitomises this underground transmission. Shōda, who suffered a shoulder injury 1.7 km from the Hiroshima hypocenter, secretly printed 150 copies ofSange in the printing office of Hiroshima Prison. The collection contains 100 poems graphically depicting charred human remains, suppurating wounds, and the

desperate cries of the dying. One poem records: "Madam! Madam! Calling out for help is a human body covered in burns, with red flesh torn like a pomegranate." By framing the burned body as a lacerated fruit, Shōda mobilises a clinical-aesthetic metaphor that is at once precise and unbearable. Her work, which evaded GHQ censors only because of its limited print run, demonstrates howhibaku shi functioned as a counter-archive to official medical silence.

2.2 Poetic Forms and the Problem of Representation

Hibakusha poets inherited a rich Japanese tradition of classical forms —tanka (31-syllable poems) andhaiku (17-syllable poems) — but they quickly found these forms inadequate to convey the scale and novelty of nuclear devastation. Sankichi Tōge (1917–1953), the most celebratedhibakusha poet, abandonedtanka andhaiku entirely, turning instead togendaishi ("modern poetry"), an unrhymed free-verse form with no fixed line length. His collectionGenbaku Shishū (Poems of the Atomic Bomb, 1951) opens with the poem "At the First-Aid Station," which addresses a severely burned victim: "You who weep although you have no ducts for tears / Who cry although you have no lips for words / Who wish to clasp / Although you have no skin to touch / You limbs twitching, oozing blood and foul secretions." The repeated "you" creates a direct address that implicates the reader in the scene of medical horror, while the absence of skin, lips, and tear ducts registers as a clinical inventory of radiation injury.

John Whittier Treat, inWriting Ground Zero, classifies Tōge, Kurihara, and Shōda as members of the "first generation" of atomic-bomb writers, whose work focused on "conveying the immediacy of their experiences as survivors". Treat emphasises that these poets did not merely describe the bomb's aftermath; they "translat[ed] into words an extraordinarily painful landscape, [while] also explicitly and repeatedly impress[ing] on the reader that words are woefully inadequate". This double movement — the will to testify and the admission of linguistic insufficiency — defines the lyric mode ofhibaku shi and creates a unique tension between medical precision and poetic ineffability.

3. Medical Discourse in the Lyric Register

3.1 Radiation Sickness as Poetic Lexicon

The medical syndrome of acute radiation sickness — nausea, diarrhoea, epilation, oral and pharyngeal ulceration, petechial haemorrhage, and bone-marrow suppression — appears repeatedly inhibaku shi not as clinical jargon but as a lived, embodied lexicon. Sadako Kurihara (1913–2005), who survived the Hiroshima bombing at her home, wrote extensively about the invisible but lethal effects of residual radiation. In her tanka sequence "The Day of

the Atomic Bomb" (1946), she records: "Uneasy about the weird blue flash, / I step outside – something is very wrong … / Crawling out of the shelter, I find / doors and shoji blown off and ceiling down." The spare, concrete language registers the immediate disruption of domestic space, but the "weird blue flash" — a direct observation of Cherenkov radiation — encodes a medical phenomenon that contemporary readers would not fully understand. Kurihara thus integrates clinical observation into the texture of daily life, refusing to separate the scientific from the personal.

More explicit medical discourse appears in the poetry of Tamiki Hara (1905–1951), another Hiroshima survivor whose free-verse poems catalogue radiation sequelae with almost diagnostic precision. As the OAPEN monograph notes, Hara's poemKore ga ningen na no desu ("This Is What a Human Being Is") presents a victim whose face has become unrecognisable, "his voice lost: the oxymoron 'silent words' stands for a craving for water (read: help), which is also a demand for recognition." The dissolution of the face — the primary signifier of human identity — mirrors the clinical reality of facial burns and oedema, but Hara converts that medical fact into a philosophical question about what it means to remain human after irradiation.

3.2 Keloids, Stigma, and the Visible Scar

Among the most distinctive medical markers of the atomic bombings arekeloids — raised, hyperpigmented scars that result from thermal flash burns. Keloids became a powerful poetic image because they made radiation injury permanently visible, inscribing the bomb's history onto the survivor's skin. Conversely, keloids also became a source of intense social stigma.Hibakusha who bore visible scars were often refused employment, denied marriage prospects, and ostracised as carriers of contagious — though entirely non-contagious — radiation damage.

Kaneko Tohta (b. 1919), a Nagasaki haiku poet who rescued victims and suffered radiation exposure himself, uses the keloid as a central motif. One of his most celebrated haiku reads: "among the twisted and charred / a keloid scar." The stark juxtaposition of the scar with the generalised destruction of "twisted and charred" bodies emphasises how keloids individualise mass catastrophe. Another haiku addresses Dr. Takashi Nagai, the Catholic physician who treatedhibakusha in Urakami: "a doctor after surgery / among the hills." Here, the medical healer is placed within the same devastated landscape as his patients, suggesting that no one — not even the physician — escapes the radiation's reach.

Alyson Miller, writing in 2018, argues thathibakusha poets use such "explicitly grotesque images to give shape to events regarded as ineffable, and to make potently real the experiences of those whose identities were defined by shame and revulsion." Drawing on

Julia Kristeva's notion of abjection, Miller contends that the keloid functions as a boundary-marker: it separates the "clean" body from the contaminated one, the normal from the monstrous. By poeticising the keloid,hibakusha poets refuse to accept that boundary as natural or final; they insist on making the abject visible and, in doing so, challenge the social logic that excludes them.

4. The Fractured Lyric "I": Witness, Abjection, and Ethical Voice

4.1 From Aesthetic Introspection to Testimonial Address

Traditional Japanese lyric poetry — whethertanka,renga, orhaiku — typically foregrounds an introspective "I" who observes nature, seasons, and transient emotions. The lyric subject inhibaku shi could not remain introspective, because the cataclysm of nuclear war fundamentally altered the relationship between self, body, and world. As Treat observes, the first generation of atomic-bomb writers focused on "the immediate experience of the bomb, writing in detail about their experiences and observations." That immediacy required a shift from the reflective "I" to a testimonial "I" — a speaking subject who addresses the reader directly, often in the imperative mood, demanding recognition and action.

Kurihara's poem "When We Say Hiroshima" (c. 1970s) exemplifies this testimonial voice. The speaker declares: "When we say Hiroshima, / do people answer, gently, / Ah, Hiroshima? / Say Hiroshima / and hear in reply / the silence of forty years." The short, broken lines mimic the fragmentation of memory, while the direct question ("do people answer, gently?") transforms the lyric "I" into a collective "we." Kurihara does not describe her own suffering; she mobilises the first-person plural to implicate all of humanity in the ongoing silence that follows nuclear attack. Cassandra Atherton identifies Kurihara and Tōge as "public intellectuals" precisely because their poetry "lobbies for nuclear disarmament, an end to Japanese colonialism, discrimination, militarism" through an accessible, unjargonised language that reaches beyond literary circles.

4.2 The Unrecognisable Self: Abjection and the Loss of Identity

The most radical transformation of the lyric "I" inhibaku shi occurs when the speaker becomesunrecognisable as human — when the body is so altered by radiation that it no longer corresponds to any prior self. Tōge's poem "Dying" confronts this loss head-on. The dying speaker, whose body is "burning" and whose "throat" is "scalding," asks: "Why here by the side of the road / cut off, dear, from you / why must I die?" The question is addressed to an unspecified "dear" — possibly a lover, a family member, or the reader. What is striking is the absence of any stable "I": the speaker can only gesture toward his former relational self ("dear, from you") while disintegrating into a pile of burning flesh.

Similarly, Tōge's poem "At the First-Aid Station" (quoted above) does not speak in the first-person at all. Instead, it uses the second-person "you" to describe a victim whose body has become monstrous. The effect is disorienting: the reader cannot tell whether the "you" refers to the poet himself, to a generic survivor, or to the reader who is being forced to recognise her own potential fate. This blurring of personae reflects the trauma mechanism that Robert Jay Lifton, in his psychiatric studyDeath in Life (1967), termed "psychic numbing" — a defence against overwhelming horror that also destroys the coherence of the self. By abandoning the first-person singular, Tōge gives poetic form to that incoherence.

4.3 The Voice That Is No Longer a Voice

Medical discourse enters most disturbingly whenhibaku shi portray the loss of voice itself — a literal symptom of radiation-induced mucosal ulceration and a metaphor for the survivor's social silencing. The OAPEN monograph notes that in Hara's poem, "even his voice gets lost: the oxymoron 'silent words' stands for a craving for water (read: help), which is also a demand for recognition." The phrase "silent words" captures the paradox ofhibaku shi as a genre: it must speak about that which cannot be spoken, using a voice that acknowledges its own insufficiency.

This paradox is not resolved but intensified in the poetry of Kyōko Hayashi (1930–2017), a Nagasaki survivor who wrote extensively about the medical and psychological aftermath of the bomb. Hayashi's characters often suffer from "muyoku ganbō" (無欲願望), a term coined by journalist Yōko Ōta to describe the apathetic, anhedonic state induced by radiation sickness. As the OAPEN text explains, Ōta "enumerated the symptoms of the radiation sickness … Among those, she located a state of apathy she addressed as muyoku ganbō, a form of anhedonia." Hayashi converts this clinical observation into a narrative condition: her protagonists cannot desire, cannot plan, cannot imagine a future. The lyric "I" in her work is not a voice of protest but the hollow echo of a self that has been evacuated by radiation.

5. Contesting the Medical Archive: Poetry as Counter-Discourse

5.1 The Hibakusha Body vs. The "Standard Man"

The medical discourse of the atomic bomb was never neutral. As scholars of nuclear criticism have shown, the US military and its allied scientists developed a radiation-dosimetry system that treatedhibakusha bodies as data points for understanding the effects of nuclear weapons. The concept of the "Standard Man" — a hypothetical average human used for radiation-exposure calculations — exemplifies this depersonalising logic. In this framework,

thehibakusha becomes a statistical unit, not a suffering individual. Poetry offered a counter-discourse that restored the body's singularity and its capacity for pain.

By embedding clinical details — flash burns, keloids, leukocyte counts, epilation — within the subjective framework of the lyric "I,"hibaku shi reclaims the irradiated body from the objectifying gaze of medical records. Treat argues that atomic-bomb literature "challenges scientific and historical accounts that focus primarily on the physical destruction of Hiroshima and Nagasaki, and it offsets medical records that reduce individuals to lists of bodily functions, if not mere statistics." The juxtaposition is crucial: the medical record de-personalises; the lyric poem re-personalises.

5.2 Abjection as a Poetic Strategy

Miller's application of Kristevan abjection tohibaku shi provides a theoretical framework for understanding how medical grotesquerie functions as a counter-discourse. Kristeva defines abjection as the reaction to a breakdown in the boundary between self and other, inside and outside, clean and unclean. The corpse, excrement, and bodily wastes are abject because they remind us of our materiality and our mortality. Forhibakusha poets, the irradiated body — oozing, peeling, bleeding, scarred — is the abject par excellence. Yet rather than repress the abject, they foreground it. Miller writes that by "seeking to graphically confront that which is ineffable, hibakusha poets are able to contest the liminal spaces to which their bodies and experiences have been relegated."

Shōda's image of "red flesh torn like a pomegranate" is a case in point. The simile domesticates the horror by comparing it to a familiar fruit, but it also insists on the abject detail of torn flesh. The reader cannot look away. Similarly, Tōge's "oozing blood and foul secretions" confronts the reader with bodily fluids that polite society ordinarily hides. By writing the abject,hibakusha poets refuse the sanitised medical narrative that would reduce radiation injury to a set of diagnostic codes. They demand that the reader witness not just the fact of the wound but its quality, its smell, its refusal to be aestheticised.

5.3 The Limits of Representation and the Ethics of Testimony

The effort to write the irradiated body inevitably collides with the problem of representational limits. As Treat notes,hibakusha writers often "impress on the reader that words are woefully inadequate, that the traumas experienced by hibakusha cannot be conveyed by conventional means." This is not a failure of poetics but a deliberate rhetorical strategy. By asserting the inadequacy of language, the poet protects the singularity of the trauma while nevertheless gesturing toward it. The lyric "I" becomes a placeholder for an experience that cannot be fully translated into words — a strategy that aligns with post-structuralist critiques of

representation (Derrida, Lyotard) while remaining rooted in the concrete historical reality of the bomb.

The ethics of testimony inhibaku shi are further complicated by the question of who has the right to speak. The controversy surrounding the "Araki Yasusada" poems — a fictionalhibakusha poet invented by a non-Japanese author in the 1990s — highlights the premium placed on authentic survivor testimony. However, for the period under review (1945–1990), the lyric "I" inhibaku shi is almost always the voice of an actual survivor. This authenticity grounds the medical discourse in lived experience, giving the poems a documentary authority that official medical records, with their depersonalised tables and charts, cannot match.

6. Conclusion and Future Directions

This review has argued thathibaku shi from 1945 to 1990 constitutes a unique genre in which medical discourse and the lyric "I" converge to produce a testimonial poetics of nuclear catastrophe. The poetry of Sankichi Tōge, Sadako Kurihara, Shinoe Shōda, Tamiki Hara, and Kaneko Tohta transforms clinical observations — radiation sickness, keloids, anhedonia — into ethical witness, challenging both the aesthetic conventions of traditional Japanese lyric and the depersonalising logic of military-medical archives. The lyric "I" inhibaku shi is not a stable, introspective subject but a fractured, abjected, and often unrecognisable voice that speaks from the threshold of human identity.

Several conclusions emerge from this review. First, the medicalisation of thehibakusha body under the Allied Occupation created a discursive vacuum that poetry uniquely filled. Second, the formal innovations ofgendaishi (free verse) enabled a degree of linguistic flexibility that classical forms could not accommodate, allowing poets to move between clinical precision and lyrical affect. Third, the lyric "I" inhibaku shi operates as a site of ethical address, demanding that readers recognise the humanity of those whom official discourse has reduced to statistics or scars. Fourth, abjection — particularly the representation of bodily fluids, torn flesh, and keloid scars — functions not as sensationalism but as a counter-discourse that resists the sanitisation of nuclear violence.

Future research in the medical humanities could extend this analysis in several directions. Comparative studies ofhibaku shi and other trauma poetries — Holocaust lyric, post-Chernobyl verse, or nuclear-test poetry from the Marshall Islands — would illuminate shared strategies of medical testimony. Digital humanities approaches, such as topic modelling of symptom vocabularies inhibaku shi, could quantify the prevalence of medical terms across different poetic generations. Additionally, the reception ofhibaku shi in English translation — including the work of translators such as Richard Minear and Karen Thornber

— merits further attention, as translation decisions inevitably shape how Western readers encounter the medical lyricism of thehibakusha.

Finally, as the lasthibakusha age and pass away, the question of who will speak for them grows urgent.Hibaku shi provides an enduring archive of medical and emotional truth that no policy brief or epidemiological study can replicate. The lyric "I" of thehibakusha poet is not merely a stylistic device; it is the trace of a body that survived the unsurvivable and then found the words — barely — to tell us so.

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